

<b>MULTIPLE DEPENDENT CLAIM</b> <b>FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. <u>19/46,75</u>	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/		102		/
2		/					52		/		102	/	
3		/					53		/		103		/
4		/					54		/		104		/
5		/					55		2		105		/
6		/					56		2		106	/	
7		/					57		10		107		/
8		/					58		10		108		/
9		/					59		10		109	/	
10		/					60		10		110	/	
11		/					61		10		111	/	
12		/					62		10		112		/
13		/					63		10		113		/
14		/					64		10		114	/	
15		/					65		10		115	/	
16		/					66		10		116		/
17		/					67		10		117		/
18		/					68		10		118	/	
19		/					69		10		119		/
20		/					70		10		120		/
21		/					71		10		121		3
22		/					72		10		122		3
23		/					73		10		123		3
24		/					74		10		124		3
25	/						75		10		125		3
26	/						76	/			126		3
27	/						77		/		127		3
28	/						78		/		128		3
29		/					79		/		129		3
30	/						80		/		130		3
31		/					81		/		131		3
32		/					82		/		132		3
33		/					83		/		133		3
34		/					84		/		134		3
35		/					85		/		135		3
36		/					86		/		136		3
37		/					87	/			137		3
38		/					88		/		138	/	
39		9					89		/		139		/
40		9					90		/		140	/	
41		/					91		/		141		/
42		/					92	/			142	/	
43		/					93		/		143	/	
44	/						94		/				
45	/						95	/					
46		/					96		/				
47		/					97	/					
48		/					98		/				
49		/					99		/				
50		/					100		/				
<b>TOTAL IND.</b>	<b>25</b>						<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>	<b>374</b>						<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>	<b>399</b>						<b>TOTAL CLAIMS</b>						